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PTO/SB/05 (11-00)

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U.S. PTO

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-34654
First Inventor	Gary L. Swoboda, sole inventor
Title	Apparatus and Method for Synchronization of Trace Streams from Multiple Processors
Express Mail Label No.	ER 494491315 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

10/1728627  
120503  
PTOADDRESS TO:  
Commissioner for Patents  
Box Patent Application  
Alexandria, VA 22313

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	<p>[ Total Pages <b>32</b> ]</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	[ Total Sheets <b>7</b> ]
5. Oath or Declaration	[ Total Pages <b>2</b> ]
a. <input checked="" type="checkbox"/> Newly Executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (if applicable)
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	13. <input type="checkbox"/> Preliminary Amendment
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input type="checkbox"/> Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

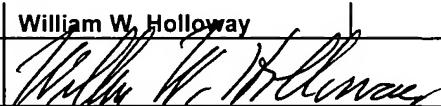
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23494

(Insert Customer No. or Attach bar code label here)

or  Correspondence address below

NAME	William W. Holloway Texas Instruments Incorporated				
ADDRESS	P. O. Box 544474, MS 3999				
CITY	Dallas	STATE	Texas	ZIP CODE	75265
COUNTRY	USA	TELEPHONE	(281) 274-4064	FAX	(281)-274-3657

Name (Print/Type)	William W. Holloway	Registration No. (Attorney/Agent)	26,182
Signature		Date	December 05, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Express Mailing Label No.: ER494401315US

TOTAL AMOUNT OF PAYMENT (\$1384.00)

Complete If Known	
Application Number	60/434,086
Filing Date	12/17/2002
First Named Inventor	Gary L. Swoboda, sole inventor
Examiner Name	
Group Art Unit	
Attorney Docket No.	TI-34654

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	20-0668
Deposit Account Name	Texas Instruments Incorporated

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)			(\$770)

## 2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims		Fee from below	Fee Paid
		15	4	-20** =	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103	18	203	9
102	80	202	40
104	270	204	135
109	80	209	40
110	18	210	9
SUBTOTAL (2)			(\$ 614)

\*\*or number previously paid, if greater; For Reissue, see above

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
144	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	130	123	130
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY	William W. Holloway			Complete (if applicable)
Name (Print/Type)	William W. Holloway	Registration No. (Attorney/Agent)	26,182	Telephone (281) 274-4064
Signature	<i>William W. Holloway</i>			Date December 05, 2003